| · · | | _xp. 555 . | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|--|--|
| Please type a plus sign (+) inside this box Under the Paperwork Reduction Ar a valid OMB control number. | | Patent and Trader | mark Office; U.S. | nrough 9/30/00. O DEPARTMENT OI | COMMERCE | | | |
| | | Attorney Doc | Attorney Docket Number I-2-0456.1US | | | | | |
| DECLARATION FOR DESIGN | First Named | nventor | Pan et al. | | | | | |
| PATENT APPLIC | :ATION | | COMPLETE IF KNOWN | | | | | |
| (37 CFR 1.6 | | ication Number Not Yet Known | | | | | | |
| | , | | | Not Yet Known | | | | |
| Submitted OR Subr | laration mitted after Initial g (surcharge | I Group Art Uni | t No | Not Yet Known | | | | |
| Filing (37 (| CFR 1.16 (e)) | Examiner Nar | ne Not | n | | | | |
| the specification of which is attached hereto OR was filed on (MM/DD/YYYY) Application Number I hereby state that I have reviewed a amended by any amendment specification, or 365(a) of any PCT inte America, listed below and have also ic or of any PCT international application | and was and understand the cocally referred to above formation which is much as under 35 U.S.C. 1 materials and application tentified below, by chemical application and interest and the cocally referred to above formation which is much as under 35 U.S.C. 1 materials and the cocally referred to above formation which is much as under 35 U.S.C. 1 materials and the cocally referred to above formation and the cocally referred to a cocally re | aimed and for which a D SYSTEM USING FAST of the Invention) as Un amended on (MM/DD ontents of the above id e. aterial to patentability 19(a)-(d) or 365(b) of which designated at 1 elecking the box, any for | patent is sought of FOURIER TRANSFinited States Application (YYYYY) entified specification and foreign application one country reign application (Figure 1). | ation Number or P on, including the c cFR 1.56. ication(s) for pater of pater of her than the U for pater or inven | CT International (if applicable). laims, as | | | |
| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | | py Attached? NO | | | |
| | | | 0000 | 0000 | 0000 | | | |
| Additional foreign application number | Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: | | | | | | | |
| I hereby claim the benefit under 35 L | J.S.C. 119(e) of any l | United States provision | nal application(s) I | isted below. | | | | |
| Application Number(s) 60/460,852 | (MM/DD/YYYY) -, 2003 | Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. | | | | | | |

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. 1450, Alexandria, VA 22313-1450.



us sign (+) inside this box + + Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

CI ADATION

| <u>DEC</u> | JLA | NATIO | <u> </u> | - Utility | y Or | Desig | 11 | Patent | Ap | Jiicalie | ווט | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------|-----------------------------------------|------------------|-------------|-----------------------------|-------------|--------------------|-----------------|------------------------|------------|--|
| I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. | | | | | | | | | | | | |
| U. | U.S. Parent Application or PCT Parent | | | | | Parent Filing Date Parent F | | | | ent Patent I | | |
| | | Num | ber | | | (MM/C | D/YY | (YY) | | (if applical | ble) | |
| | | | | | | | | | , | | | |
| ☐ Additional | U.S. or | PCT internations | al applica | tion numbers are | e listed on | a supplemer | ital pric | ority data sheet f | PTO/SB | 02B attached I | hereto. | |
| As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Paten and Trademark Office connected therewith: Customer Number 24374 Place Customer Number Bar Code | | | | | | | | | | | | |
| | | | | Registered prac | | name/registr | ation n | number listed bel | _{ow} L | Labelhe | ere | |
| | Nam | e | | Regist Num | | | | Name | | Registration Number | | |
| Namely, the Volpe and K | | | | | | Number | | | | | | |
| Additional | registere | d practitioner(s) | named o | n supplemental | Registered | L Practitioner | Inform | nation sheet PTC | /SB/02/ | attached here | ato. | |
| ☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: ☐ Customer Number or Bar Code Label OR ☐ Correspondence address below. | | | | | | | | | | | | |
| Name | ŅO | LPE AND H | KOENI | G, P.C. | EPT IC | С | | | | | | |
| Address | | | | | | | | | | | | |
| Address | | | | | | | | | | | | |
| City | | State ZIP | | | | | | | | | | |
| Country | | | | Telephon | е | | | Fax | | | | |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | | | | | | | | | | |
| Name of Sole or First Inventor: | | | | | | | | | | | | |
| Given Name (first and middle [if any]) Family Name or Surname | | | | | | | | | | | | |
| | Jung-Lin Pan | | | | | | | | | | | |
| Inventor's Signature | | 9 Date 6/12/5 | | | | | | 6/12/501 | | | | |
| Residence: C | City | Sel | Selden State NY Country USA Citizenship | | | | Citizenship | Taiwan | | | | |
| Post Office A | Post Office Address 15 Court Street | | | | | | | | | | | |
| Post Office A | ddress | | | | | | | | | | | |
| City | | Selden | State | NY | ZIP | 1 | 1784 | 4 _{Col} | intry | US | SA | |
| Additional | invento | rs are being n | amed o | n the 1 sun | nlementa | I Additiona | l Inve | ntor(s) sheet(s |) PTO/ | SB/02A attac | had hareto | |

| Please type a plus sign (+) inside this box - | → | + | |
|-----------------------------------------------|---|---|--|
|-----------------------------------------------|---|---|--|

PTO/SB/02A (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page ___ of ___

| Name of Additional Joint Inventor, if any: | | | | | | his unsigned inventor | | | |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------|----|------------------------|------------------------|--------------------|-----------------------|---------------------|--|--|
| Given Name (first and middle [if any] |]) | | | | Family Nar | me or S | urname | | |
| John W. | | | | <u> </u> | | Hair | m | | |
| Inventor's Signature | | | | Date $\frac{6}{(203)}$ | | | | | |
| Residence: City Baldwin | State | NY | Country USA | | | | Citizenship U.S.A. | | |
| Mailing Address 1848 Longfellow Street | | | | | | | | | |
| Mailing Address | | | | | | | | | |
| city Baldwin | State | NY | | ZIP 11 | 510 | Countr | y USA | | |
| Name of Additional Joint Inventor, if ar | ıy: | | | A petition ha | as been file | d for thi | s unsigned inventor | | |
| Given Name (first and middle [if any] |) | | | | Family Nar | ne or S | Surname | | |
| Ariela | | | | Zeira | | | | | |
| Inventor's Signature | | | | | | | Date 6/12/03 | | |
| Residence: City Huntington | itington State NY Country USA | | | | Citizenship U.S.A. | | | | |
| Mailing Address 239 West Neck Roa | • | | | | | | | | |
| Mailing Address | | | | | * | | | | |
| city Huntington | State | NY | Y _{ZIP} 11743 | | Cou | ountry USA | | | |
| Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor | | | | | | | unsigned inventor | | |
| Given Name (first and middle [if any]) | | | Family Name or Surname | | | | | | |
| | | | | | | | | | |
| Inventor's Signature | | | | Date | | | | | |
| Residence: City State | | | Country | | | | Citizenship | | |
| Mailing Address | | | | | | | | | |
| Mailing Address | | | | | | | | | |
| City | | | | ZIP | | Co | untry | | |